ABSTRACT
        This paper, a literature review on adolescent
suicide, was written to provide family life professionals with help
in identifying adolescents at-risk for suicidal behavior, providing
more effective interventions for suicidal adolescents and their
families, and developing policies and preventive measures. The paper
includes an overview of theoretical models used to explain adolescent
suicidal behavior, including Durkheim's theory of suicide, social
learning theory, psychoanalytic theory, psychological and
social-psychological approaches, biological approaches, family
systems theory, and human ecological theory. Emphasis is placed on
the human ecological model, which provides a multidisciplinary
approach to understanding adolescent suicide that incorporates
individual, environmental, and social system factors that may
influence adolescent suicidal behavior. As a first step toward an
ecosystem intervention approach for suicide prevention and
intervention, existing literature on adolescent suicide is reviewed
and categorized according to the human ecological model, with an
emphasis on family dynamics and suicidal behaviors. Ecosystem
predictors of suicidal behaviors are discussed at the organism,
microsystem, mesosystem, exosystem, and macrosystem levels.
Recommendations for interventions and prevention efforts are made at
each of the levels. Fifty-nine references are included. (NB)

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Adolescent Suicide and Families

A Review of the Literature with Applications

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Adolescent Suicide and Families:

A Literature Review with Applications

## Abstract

Over the past several years the issue of suicidal
adolescents has become not only an issue of increasing
concern for family professionals and educators.  This paper
begins with an overview of the current theoretical
approaches to understanding adolescent suicide (i.e.,
Durkheim's theory of suicide, social learning theory,
psychoanalytic theory, psychological and social-
psychological approaches, biological approaches, family
systems theory and human ecological theory).  Existing
literature on adolescent suicide is reviewed and
categorized according to the human ecological model, with
an emphasis upon family dynamics and suicial behaviors.
Recommendations are made for preventions and interventions
at the organism, microsystem, macrosystem, exosystem and
macrosystem levels.

Adolescent Suicide and Families

A Literature Review with Applications

Suicide is the third leading cause of death among 15 to 24 year olds in the United States. Over 5000 deaths by suicide occur in this age group each year, averaging 14 each day. The suicide rate among adolescents 15 to 19 years of age rose 142% between 1960 and 1981, with the greatest increase among white males. Suicide rates among 10 to 14 year olds have increase slightly during the same time period resulting in about 560 deaths per year (Hawton, 1986).

Further, it is estimated that five times as adolescent suicide attepts occur daily, totaling about 65 attempts each day (Tishler, McKenry, & Morgan, 1981). The actual number of suicides and attempted suicides among youth are probably underestimated due to the numbers of adolescent suicide attempts and completions officially recorded as accidents.

Given the number of adolescents and families at-risk for adolescent suicidal behavior, professionals need to understand the contexts in which suicidal behaviors occur. The purpose of this paper is to review the literature available to prepare family life professionals to: (1) determinine adolescents at-risk for suicidal behavior, (2) provide more effective interventions for suicidal

adolescents and their families, and (3) help develop policies and
preventive measures.

## Theoretical Views of Adolescent Suicide

Theoretical models used to explain adolescent suicidal
behavior have included Durkheim's theory of suicide, social
learning theory, psychoanalytic theory, psychological and
social-psychological approaches, biological approaches, family
systems theory and human ecological theory.  This section presents
an overview of the theories, emphasizing the human ecological
model.

### Durkheim's Theory of Suicide

Durkheim (1951) proposed that the rates of suicide were
related to the degree of integration of particular social
structures (i.e., church, family, political system) and to the
degree of regulation within the social system. Two types of suicide
were predicted by the level of social integration in societies:
ecoistic suicide and alturistic suicide.  Egoistic suicide occurs
when there is a low level of integration among social institutions
demonstrated by a lack of common beliefs, values, traditions and
views among members of the society.  Individuals assert themselves

apart from social group, losing social meaning in life. This creates intolerable burdens for individuals suicide rates are high. High levels of integration also predicts high suicide rates as individuals become highly absorbed in social institutions. Thus, alturistic suicide results when individuals end their lives under conditions determined by the society.

Further, Durkheim (1951) found the degree of social regulation was a key predictor of alturistic suicide and fatalistic suicide. Low social regulation results in "anomie" as social change places people in new circumstances where the old moral rules no longer apply. Individual passions and desires are no longer subject to social restraint and outpace their resources, resulting in frustration. Rapid rapid social change results reduced regualtion and feelings of anomie, or alientation. Anomic suicide occur as individuals sacrifice their lives for the goals of the social group. When regulation is high, "fatalism" occurs. Fatalistic suicide, although not strongly verified in Durheim's research, is defined as suicide due to inflexible social constrants where individual desires are stiffled.


## Social Learning Theory


Social learning theory has been posited as a explanatory model for adolescent suicidal behaviors. When other familiy members

attempt suicide, adolescents vicariously learn that suicide is an

acceptable means of addressing life problems or for gaining

attention (Hawton, 1986). Further, when parents' respond to the

suicidal gestures of youth they may be reinforcing this coping

style. Thus, the child learns pathological, rather than adaptive

coping strategies (Frederick & Resnick, 1971).

## Psychoanalytic Theory

From a psychoanalytic perspective, the suicidal adolescent

presents an outward reason suicide attempts. Inwardly, however, the

suicide is an action designed to deal with the loss of love due to

rejection or depravation. Anger toward the source of lost love is

turned into self-destructive suicidal tendencies. Thus, a core

componet of the "suicidal personality" in adolescents is the felt

loss of love (Holinger & Offer, 1981).

Adolescents are viewed as being at particular risk for

suicidal rates since the age of puberty is a crucial period of

development with respect to self-destructive drives. Deficient ego

development during adolescence can result in suicidal tendencies

that manifest an unconscious death wish (Holinger & Offer, 1981).

## Psychological and Social-Psychological Theories

Psychological approaches present adolescent suicidal behaviors as a result of individuals inabilities ability to develop adapt to and cope with the stresses of life. Attempts are made to identify the personal characteristics of suicide attempters or completers. For example, a "psychological autopsy" of adolescent suicide victims may be conducted by interviewing and collecting data from family, relatives, friends and significant others to determine to chacteristics of the suicide victim (Shafii, Carrigan, Whittinghill, & Derrick, 1985).

Social-psychological approaches place greater emphasis upon identifying situational factors (e.g., family factors, environmental changes, social factors, childhood maltreatment, relationship problems) associated with adolescent suicidal behavior. These explanations have received considerable research attention.

## Biological Theories

An additional approach to predicting adolescent suicide utilizes biological studies (Holinger & Offer, 1981). Some biological models focus upon the relationship of mental illnesses with biological components (i.e., schizophrenia or manic-depressive illness) as precursors to adolescent suicide. Heredity has also

been proposed as providing tendency toward suicidal behavior. For example, both aolescents who attempt suicide (Hawton, 1986) and those who complete suicide (Cosand, Bourque, & Kraus, 1982; Garfinkel & Golombek, 1983; Schaffer, 1974) often have a family history of psychiatric disorders. Another biological explanation is that biochemical changes occur in the body that make adolescents more vulnerable to affective disorders (e.g., depression) that may lead to suicidal acts (Holinger & Offer, 1981; Shaughnessy & Nystul, 1985).

Other biological explanations include predictions of adolescent suicide based upon factors such as whether teenagers had a difficult birth or or if their mothers were ill during pregnancy (Salk, Lipsitt, Sturner, Reilly, & Levat, 1985). Consideration has also been given to the relationship between adolescent physical illness and suicide. This relationship appears to be more common in adults than in teenagers (Hawton, 1986).

## Family Systems Theory

Family systems theory is used in the study and treatment of adolescent suicide (Frances & Clarkin, 1985; Heillig, 1983; Landau-Stanton & Stanton, 1985; Molin, 1986; Walker & Mehr, 1983). Rather than viewing suicidal acts as a result of severe hoplessness or depression, the family systems model presents adolescent suicide

such as accepting a family member leaving home or diverting family
attention to other conflicts (Landau-Stanton & Stanton, 1985). The
suicidal adolescent becomes the focal point of the family, leaving
other problems in family interactions intact. If the suicidal
adolescent recovers, another family member is likely to develop a
problem that becomes the focus of the family unless interaction
patterns are changed.

## Human Ecological Theory

Human ecological theory provides a multidisciplinary approach
to understanding adolescent suicide that incorporates individual,
environmental and social system factors that may inluence
adolescent suicidal behaviors. Adolescent suicidal behavior may be
viewed as the result of difficulties that arise in the "interplay
of biological, psychological, social, and cultural forces at work
in transforming a child into an adult" (Garbarino, 1985, pp. 50).

Human ecological theory can provide a more comprehensive and
integrated understanding of adolescent suicidal behavior than the
theories presented above. The previous theories emphasize specific
aspects of the adolescent's world that may predict suicidal
behaviors. The human ecological model allows consideration of the
wide range of factors that may lead to suicidal behaviors. Further,

within the total ecosystem, a variety of prevention and intervention opportunities occur.

Currently, the human ecological model has received minimal attention as a model for examining adolescent suicidal behavior (e.g., DenHouter, 1981). Garbarino (1985) provids a preliminary base for conceptualizing adolescent suicidal behavior withing the human ecological framework by expanding upon Bronfenbrenner's (1979) original model. Adolescent sucidial behaviors, emerge from adolescents' interactions and interdependencies within their ecological environments. The ecological environment "is conceived topologically as a nested arrangement of concenaric structures, each contained within the next" (Bronfenbrenner, 1979, p. 22).

The first level of the ecological environment is the individual organism or adolescent (Garbarino, 1985). At this level demographic and psychological qualities of adolescents that predict suicidal behaviors are considered.

The organism (or individual adolescent) does not function within a vacuum. Instead, the youth is a member of several microsystems or immediate settings such as the family, peer group, school and work (Bronfenbrenner, 1979). Several predictors of adolescent suicidal behaviors have been found within the microsystems.

Varying degrees of interdependence occur within an adolescent's microsystems. These links between the adolescent

microsystems are described as the mesosystem of the youth
(Bronfenbrenner, 1979; Garbarino, 1985). For example, in a rural
area parents are likely to know the families of peers, teachers and
employers of their adolescents. In contrast, a teenager living in a
suburb of a major metropolitan area may have friends, teachers, or
employers whom their parents have not met.

The next level of the adolescent ecosystem is the exosystem,
which is composed of settings that indirectly influence the youth.
For example, there is some evidence that recent changes in
residence predict a greater risk for adolescent suicidal behaviors
(McKenry, Tishler, & Cristman, 1980). Often, the decision to move
may be a decision made because parental careers (a part of the
exosystem) rather than factors about teenagers. Other exosystem
issues that indirectly influence adolescents are decisions made by
local school boards or the mass media.

Finally, the macrosystem includes the broad institutional or
ideological patterns of the culture or subculture that indirectly
influence adolescent suicidal behaviors. Elements of the
macrosystem include the economic, social, educational, medical,
legal and political systems that example of systems that indirectly
influence adolescents. For example, during the 1960s and 1970s the
adolescent suicide rates in Japan decreased at the same time
increases were noted in the United States and Canada. A possible
explanation for the decrease in completed suicides in Japan during

this time was the improvement in Japanese medical services that may have resusicated a greater portion of suicide attempters (Hawton, 1986).

Although the human ecological model has been successfully utilized in the treatment of other issues such as alcoholism (Gacic, 1986), no parallel interventions for adolescent suicidal tendencies appear in the literature. This paper was developed to serve as a first step toward an ecosystem intervention approach for suicide prevention and intervention. Existing reserch and theory on adolescent suicidal behaviors are integrated into the human ecological perspective. Recommendations are made for additional research and policy in the area of adolescent suicidal behavior.

Ecosystem Predictors of Adolescent Suicidal Behaviors

Organism Level Predictors

Although the focus of this paper is upon predictors of suicide within the family microsystem, brief consideration will be given to individual factors related to adolescent suicidal behavior. Individual adolescents who are suicidal have been found to have feelings of hopelessness (Allen, 1987; Emery, 1983); difficulty in adapting to change (Cosand, Bosque, & Kraus, 1982); report depresion (Allen, 1987; Emery, 1983; McCants, 1985; Stephens,

1986); feel lonley (Allen, 1987); have a sense of persoanbl
inadequacy or failure; report a low self-esteem (Allen, 1987;
Mckenry, Tishler, & Kelly, 1982); be socially isolated (Emery,
1983; Hawton, 1986; Holinger & Offer, 1982; Marks & Haller, 1977);
have cumulative stress (Hawton, 1986; McKenry, Tishler, &
Christman, 1980; Tishler et al., 1981); or nave made other suicide
attempts or threats (Garfinkel, Froese, & Hood, 1982; Gispert,
Wheeler, Marsh, & Davis, 1985; Hawton, 1986).

Sex differences appear as more males are reprsented in
completed suicides (Allen, 1987; Smith, 1981). More female
adolescnets attempt suicide (Allen, 1987; Cosand et al, 1982;
Hawton, 1986). Although a few studies focus upon completed
adolescent suicides, the majority of studies of individual factors
are of suicide attempters. Additional work is needed to distinguish
between adolescent suicide completers and attempters.

## Microsystem Level Predictors

### Family Microsystem

In addition to the individual factors that may predict
suicide, several factors in the family microsystem have been
identified (Hawton, 1986; Strother, 1986; Tishler, McKenry &
Morgan, 1981). Smith (1981) suggests that trouble within the family
is a predominant issue to be considered when working with suicidal

adolescents. Within this section, issues within the family microsystem that are common in families of suicidal adolescents will be presented.

Loss of a Family Member. Many reserachers have found one of the most commonly reported precipitating events leading to adolescent suicidal behaviors to be the loss of a family member or close friend through death, divorce or chronic mental illness (Allen, 1987; Miller, 1975; Rosenkranz, 1978; Smith, 1981; Stephens, 1985). Strother (1986) suggests that suicide attempts are often impulsive reactions to loss. Rosenkranz (1987) found that suicidal gestures and threats more often followed loss that was not permentant, such as parental separation. Some scholars also suggest that the death of a pet can serve as a precipitating event (McKenry, Tishler, & Cristman, 1980; Smith, 1981). Furthermore, parental death was more closely linked to completed suicides.

Feeling Ignored by Parents. Another factor reported by adolescents as a precipitating event leading to a suicide attempt was feeling ignored or rejected by one or both parents (Allen, 1987; Hawton, 1986; Marks & Haller, McKenry, Tishler, & Kelly, 1982). In a study of fifty female suicide attempters, the majority felt there was a lack of nurturance by their parents (Stephans, 1986).

Family Economic Insecurity. Adolescents in families with high
levels of economic insecurity or pressures are considered as being
at higher risk for adolescent suicidal tendencies (McKenry,
Tishler, & Cristman, 1980; Smith, 1981; Stephans, 1986). Cosand et
al., found family economic pressures to be common among adolscent
suicide completers. Economic pressures may emerge from microsystem
issues or from economic conditions related to factors at the
exosystem (e.g., parents' employer) or macros: tem (e.g., a
recession) levels.

High Levels of Parental Alcohol Use. Parents of suicidal
adolescents have been found to use alcohol more than non-suicidal
adolescents (Garfinkel, Froese, & Hood, 1977; Hawton, 1986; Smith,
1981). Further investigation in necessary to determine whether this
factor alone is signifcant or if related factors (e.g., adolescents
feeling ignored) mediate the effect of alcohol use.

Depression or Suicide Attempts in Other Family Members. In a
study of parents of adolescent suicide attempters, higher levels of
depression were found in the parents, especially fathers (Tishler &
McKenry, 1982). Lower self-esteem in fathers was also been found to
be a predicor of suicidal behavior in adolescents. Since this data
was gathered soon after the adolescent suicide attempt, further
research is needed to determine if the same results would be found
at a different time.

Several scholars note that a history of family suicide
attempts is common among suicidal adolescents (Allen, 1987;
Garfinkel et al, 1982; Landau-Stanton & Stanton, 1985; McKenry et
al, 1982; Tiecher & Jacobs, 1966). Hawton (1986) interprets this
correlation as an indicator that suicide attempts in some families
may serve as a readily available method of dealing with stress.

High Parental Expectations. Adolescents who demonstrate
suicidal tendencies often feel that their parents expect more than
they can produce (Allen, 1987; McKenry et al., 1982; Stephans,
1986; Teicher & Jacobs, 1966). For example, gifted adolescents who
tend to perform well often exhibit sucidial tendencies in response
to unrealistically high expectations (McCants, 1985). Factors in
the parent-child relationship appear to be more important
precdictors of suicidal behaviors in younger adolscents (Triolo,
McKenry, Tishler, & Blyth, 1984).

Excessive Residential Mobility. Allen (1987) suggests that
after repeated residential relocations an adolescent may gain a
sense of rootlessness that may interferene later difficulties with
long-term personal relationships, vacillation of goals and values.
This disruption of the identity development process can lead to an
insecurity resulting from fear or expectations that everything is
subject to change.

Poor Family Communication. "Williams and Lyon (1976) found
that families of suicidal adolescents tend to be rigid, not

allowing adolescents to try out new roles in the family. The rigidity was found to emerge from the interactional patterns of the family. These families demonstrated higher levels of conflict and lower levels of effective communication in decision-making. In a related study, both suicidal adolescents and their parents reported low levels of satisfaction with family relationships (McKenry, Tishler, & Kelly, 1982). The adolescents not only rated their relationships with parents as poor, they also saw their parents' marriages as not well adjusted. Tishler, McKenry and Morgan (1981) found that 52% of adolescent suicide attempters in their study reported problems with their parents and 15% reported problems with siblings. This type of family environment provides less opportunity for healthy adolescent identity dvelopment.

Sibling Rivalry. Suicidal adolescents often have difficutly with siblings in the form of recurring conflicts or jealousy (Hawton, 1986). Williams and Lyon (1976) noted that the poor relationships with siblings can contribute to an overall ineffective family communicational structure in families of suicidal adolescents. A related finding is that suicide attempters are overrepresented by first born females (Canter, 1972).

Abuse or Neglect. Concern has been expressed abut the possible link between earlier child abuse and neglect and later adolescent suicide attempts (Deykin et al, 1985). Concern has also been expressed about physical violence during adolescence serving as a

precipitating event leading to suicide attempts. In addition, the incidence of sexual abuse within the family has been described as a predictor of sucidal adolescent females using clinical observations (Anderson, 1981). So far, the association between abuse and suicidal behaviors relies upon pilot studies and clinical observations.

A relationship between observing physical violence in the family and adolescent suicide attempts has been found (Hawton, 1986). When youth obersve spouse abuse, parental suicide attempts and other violence within the home such behaviors can become part of a cycle of aggression in the home emerging from both internal and external sources. The adolescent may learn that violence towards oneself, including suicide attempts are acceptable ways of coping with problems.

Adolescents Beginning their Families. While divorce rates tend to be higher among single adults, the opposite appears to be true for aðolescents. Married adolescents have higher suicide rates than single adolescents. In the United States the suicide rate for married adolescent males is about 1.5 times greater than for unmarried males. For married adolescent females the rate is approximately 1.7 times greater than for unmarried adolescent females (Hawton, 1986). Further information is necessary about the factors leading to adolescent decisions to marry to interpret this data. Many troubled adolescents may use marriage as a means to

enter a new new family microsystem and to avoid conflicts within the family of origin.

Higher rates of suicidal behavior occurs in adolescent females who are pregnant. New mothers and those recently having an abortion are also at higher risk for suicide (McKenry et al., 1980). Clearly, teenage pregnancy is associated with increased risk for suicide.

## Other Microsystems

Although the focus of this paper is upon the family microsystem, adolescents are usually part of several other microsystems. Adolescent suicidal behaviors have been found to be predicted by factors within other adolescent microsystems. A few other microsystems will be considered.

Peers .The most common predictor of adolescent suicidal behavior relating to peers appears to be problems with a girlfriend or boyfriend (Allen, 1987; Hawton, 1986; Tishler et al., 1981). Problems with a boyfriend or girlfriend tend to be common precipitating events for suicidal gestures. Research in this area tend to be vague, not specifically stating the whether these difficulties relate to sexual interaction, feelings of rejection or other issues.

Schools. Adolescents making severe attempt tend to be successful at school. Those making less serious attempts tend to be failing at school (Garfinkel & Golombek, 1983). Considerable information is available for interventions in adolescent suicide at school. However, less is known about the influence of the schools on suicidal behaviors, except with the gifted.

Although being intellectually gifted alone does not predict higher rates of adolescent suicide, particular stresses occur for the gifted. Delise (1986) identified qualities common in the gifted: (1) perfectionism, or the personal expectation to achieve at superior levels; (2) societal expectations to achieve by parents and teacher; (3) differential development of intellectual and social skills occurs where the youth functions well academically but lacks the development of social skills; and (4) the ability to see potential for solving world problems coupled with an inability to affect change in the real world. Immature social development among the gifted may result in the lack of identification with peers, a risk factor for adolescent suicide (Delise, 1982; Grueling & DeBlassie, 1980). Evidence shows gifted students are at high risk for suicide, with gifted girls representing the largest category of suicide attempts at school (Shaughnessy & Nystul, 1985).

Delinquency-Related Settings. In a study of 13-15 year old youth in a correctional facility, conflict with parents was a significant predictor of suicide attempts. Female delinquents attempted suicide two and one-half times as often as males. Additional predictors of suicide included depression, and childhood hyperactivity (Miller, Chiles & Barnes, 1982). Depression was also predicted suicidal behavior in a sample of 48 delinquent females in another study (Gibbs, 1981).

In a national survey of juvenile suicide among youth in adult jails and juvenile detention centers, suicide rates were higher in both settings than in the general population of youth. The suicide rate among youth in adult jails was higher than in juvenile detention centers (Flaherty, 1983).

## Mesosystem Level Predictors

Since adolescent mesosystems are composed of the total set of microsystems, each adolescent will have a mesosystem. Due to the large number of variations in adolescent mesosystems, one example of predictors of adolescent suicide within the mesosystem will be presented. Suicide rates among Native American youth are estimated to be 10 times higher than that of white youth (Strother, 1986). Considerable variation occurs among tribal cultures, however, hoplessness and overall economic and social conditions on

reservations are commonly stated reasons for suicides. It also appears that the transitions between aspects of the mesosystem including the reservation, boarding schools and the outside influences may create stresses on American Indian youth (Thurman, 1985). High suicide rates among Native American youth need to be further examined to determine how the mesosystem for youth, including different living arrangements (e.g., reservation vs. non-reservation) may help distinguish between rates.

## Exosystem Level Predictors

The adolescent exosystem is comprised of factors that indirectly influence adolescents. One of the most obvious factors in the exosystem for youth in the United States in the media. For example, press coverage of completed adolescent suicides has been found to correlate with increases of adolescent suicides and attempts after the news reports (Bollen & Phillips, 1982; Phillips & Carstensen, 1986). The increase was more significant when the reports were repoorted over sever days, in different papers and on different television stations. Further, the increases in suicide were greater in locations where the suicide was the most publicized ( Phillips & Carstensen, 1986).

The relationship between televised movies about suicide and teenage suicide is less clear. Gould and Shaffer (1986) reported an

increased teenage suicide rate in New York City after the
television broadcast of three suicide movies. When the study was
replicated in California and Pennsylvania using the same movies and
time period, no signifcant difference was found between teenage
suicide rates before and after the broadcasts (Phillips & Paight,
1987). Thus, prelimanary evidence indicates that increased
adolescent suicide rates are correlated with broadcasts of true
incidents, but not necessarily after fictionalized broadcasts. Due
to methodological factors these studies only use data from suicide
rates, not from suicide attempts. Additional information is
necessary to determine if the overall suicide attempts also
increase with the broadcasts.

## Macrosystem Level Issue

Identifying issues in the macrosystem that predict adolescent
suicide can be document through research and other established
means of gathering information. Two examples of mesosystem issues
relating to adolescent suicide are presented. Holinger and Offer
(1981) suggest that one explanation for some increases in
adolescent suicide rates may be found by examining the increases or
decreases in adolescent population. When dramatic increases in
adolescent suicide rates were found during the 1960s and 1970, in
some cases no adjustment was made for the increasing adolescent

population.   Scholars calculating rates need to be aware of this
important issue.

Conflicting evidence has been found about the time of year
most common for adolescent suicidal behaviors.  Garfinkel et al.
(1982) found the spring to be most common.  The autum and winter
were more common in the study by Tishler et al. (1981).  Further
research is needed to assess whether the time of year is a
significant factor influencing adolescent suicide rates.

## Interventions within the Ecological Systems

The human ecological approach to examining adolescent suicide
provides potential for interventions or preventions at each level
of the system.  Current approaches to adolescent suicide
intervention occur at several levels of the system.  Examples of
intervetions at each level of the system that relate to suicidal
adolescents and their families will be presented.

### Organism Level Interventions

Behavioral cues can family members and professionas to the
potenial of suicide in an adolescent.  By recognizing the symptoms
of suicidal tendencies, intervetions can be started before an
actual suicide attempt is occurs.  Many of the signs of possible

suicide are similar to those of depression. The American Academy of
Child Psychiatry suggests that when one or more of the following
signs occur, professional help is recommended:

(1) changes in eating and sleeping habits;

(2) withdrawl from friends, family, and regular activities;

(3) violent or rebellious behavior;

(4) running away;

(5) drug or alcohol abuse;

(6) unusual neglect of personal appearance;

(7) radical change in personality;

(8) persistent boredom, difficulty concentrating, or a decline
    in the quality of school work;

(9) frequent complaints about physical symptoms related to
    emotions such as stomaches, headaches or fatigue;

(10) loss of interest in previously pleasurable activities; and


(11) inability to tolerate praise or rewards (Strother, 1986)


What kinds of intervention can be targeted for the individual
adolescent? Interventions after suicide attempts may be developed
at this level with a focus upon improving the individual
adolescent's resources (Garbarino, 1985). Based upon the assumption
that individuals who make suicide attempts are most likely
demonstrating their inability to cope with stresses, individual

counseling and therapy can help suicidal adolescents develop the skills to deal with stress. If adolescents are socially isolated, they may need help developing social relationships (Rook, 1984). Interventions requiring individual counseling or therapy require that the adolescent enter a new microsystem for treatment.

## Microsystem Level Interventions

A professional who enters a new microsystem with a suicidal adolescent can assess the particular microsystems of which an adolescent is a part. Hawton (1986, p. 105) suggests that the first step in working with suicide attempters is to assess the following issues:

(1) events that preceded the attempt;

(2) degree of suicidal intent and other reasons for the act;

(3) the individual's current problems;

(4) psychiatric disorder;

(5) family and personal history;

(6) previous psychiatric dis:der or suicidal phenomena;

(7) the individual's coping resources and supoorts;

(8) risk of a further attempt or of a suicide;

(9) attitudes of the individual and family members toward further help.

An additional assessment issue could be added:

(10)  mapping the attempter's microsystems.
This additional information can help the professional assess at
what levels intervention can occur.  By knowing the microsystems,
the therapist can assess how the youth can receive support and
encouragement.

Each microsystem can have interventins.  For exam.le, McBrien
(1983) makes recommendations for school personnel to intervene at
this level. Medical personnel are often the most likely referral
the individual will encounter in an emergency room setting.  They
often make determinations about whether the adolescent needs
psychiatric evaluation or should return directly to the family.

The schools have been targeted as the microsystem best
equipped to implement preventin programs.  Controversy exists as to
whether teaching directly about suicide reduces or increases the
risk.  Some suicide prevention programs teach teenagers about
suicide in a direct manner and encourage them to explore their
feelings on the subject (Dryden & Jones, 1986; Hals, 1985).

Other educational programs use an indirect approach seeking to
development of communication skills, assertiveness and coping
techniques that deter the suicide attempters tendency tp passively
avoid problems (Strother, 1986).  The Youth Suicide National Center
is developing a list of school programs cn suicide prevention
(Strother, 1986).

Another microsystem that recevies considerable attention is the family system. In cases of adolescent suicide attempts, intervention strategies have been presented (Walker & Mehr, 1983). When the family loses a member to suicide intervention is needed to assist the family in working through the grief and reorganizing (Bolton, 1982). Many professionals recommend treatment for the family system in cases of either attempted or completed family suiicde.

## Mesosystem Level Interventions

When an adolescent enters a medical setting for treatment after a suicide attempt, reentry into other parts of the mesosystem can be challenging. Members of the microsystems may feel uncomfortable and unsure how to respond to the suicidal adolescent. Praeger and Bernhardt (1985) suggest that after a completed suicide the entire community is in need of intervention. The peer group, the church group, students at school and other groups that have been microsystems all need support and education.

## Exosystem Level Interventions

Funding for adolescent suicide prevention or intervention programs generally emerges from the exosystem (Garbarino, 1985). An

example is a project funded by the California State Department of
Education to develop an educational program on suicide prevention.
This program is being developed for 10th graders (Strother, 1986).

Research on adolescent suicide usually occurs at the exosystem
level. Although numerous articles are published each year about
adolescnt suicide, most studies are descriptive at best. To truly
understand adolescent suicide within the total ecoystem requires
more sophisticated research that allows for investigation of causes
(Bronfenbrenner, 1979). Clearer distinctions need to be made
between the suicide attempters and completers. In addition,
reserach variables need to be more specifically defined. For
example, instead of determining that family conflict resolution is
often poor in families with suicidal adolescents, researchers need
to investigate how these families differ from others on specific
dimensins of the variable.

## Macrosystem Level Interventions

At the macrosystem level, policy implications need to be
addressed. How do the existing public policies about adolescents
and families impact suicidal behaviors? Prevention approaches that
emerge from public policty need to emphasize family strengths and
social support systems (Ladame & Jeanneret, 1982). Further study is

needed to determine the specific areas of public policy that need to be addressed.

## Summary

This paper has presented the human ecological approach as an approach to considering suicidal adolescents and their families. Previous research has been presented within the levels of the ecosystem (i.e., organism, microsystem, mesosystem, exosystem, and macrosystem). By identifiying predictors of suicide at each level, interventions and preventions can also be identified at each level. Clearly, the area of adolescent suicide needs greater research and public policy attention.

# References

Allen, B. P. (1987). Youth suicide. Adolescence, 22 (86), 271-290.

Anderson, Luleen S. (1981). Notes on the linkage between the
sexually abused child and the suicidal adolescent. Journal of
Adolescence, 4, 157-162.

Bollen, K. A., & Phillips, D. P. (1982). Imitative suicides: A national
study of the effects of television news stories. American
Sociological Review, 47, 802-809.

Bolton, Iris. (1984). Families coping with suicide. Family Therapy
Collections, 8, 35-47.

Bronfenbrenner, Urie. (1979). The ecology of human development.
Cambridge, MA: Harvard University Press.

Cantor, P. (1972). The adolescent attempter. Life Threatening
Behavior, 2, 3-17.

Cosand, B. J., Bourque, L. B., & Kraus, J. F. (1982). Suicide among
adolescents in Sacramento County, California 1950-1979.
Adolescence, 17, 917-930.

Delise, James R. (1986). Death with honors: Suicide among gifted
adolescents. Journal of Counseling and Development, 64,
558-560.

Delise, James R. (1982). Striking out: Suicide and the gifted
adolescent. Gifted/Creative/Talented, 24, 16-19.

Deykin, Eva Y., Alpert, Joel J., & McNamarra, John J. (1985). A
pilot study of the effect of exposure to child abuse or neglect

on adolescent suicide. American Journal of Psychiatry, 142 (11), 1299-1303.

DenHouter, Kathryn V. (1981). To silence one's self: A brief analysis of the literature on adolescent suicide. Child Welfare, 60, 2-10.

Dryden, Annabelle., & Jones, Rosemary. (1986). Adolescent Suicide: Can we help prevent it? Illinois Teacher, --, 12-15.

Durkheim, Emile. (1951). Suicide: A study in sociology. Translated by S. A. Solovay and J. H. Mueller. New York: Free Press. Originally pubished in 1897.

Frances, Allen, & Clarkin, John F. (1985). Considering family versus other therapies after a teenager's suicide attempt. Hospital and Community Psychiatry, 36 (10), 1041-1046.

Flaherty, Michael G. (1983). The national incidence of juvenile suuicide in adult jails and juvenile detention centers. Suicide and Life-Threatening Behavior, 13 (2), 85-94.

Frederick, C. J., & Resnick, A. L. P. (1971). How suicidal behaviors are learned. American Journal of Psychotherapy, 25, 37-55.

Gacic, Bronkc. (1986). An ecosystemic approach to alcoholism: Theory and practice. Contemporary Family Therapy, 8 (4), 264-278.

Garbarino, James. (1985). Adolescent development: An ecological approach. Columbus, OH: Charles E. Merrill.

Garfinkel, B. D., Froese, A., & Hood, J. (1982). Suicide attempts in children and adolescents. American Journal of Psychiatry, 139 (10), 1257-1261.

Garfinkel, B. D., & Golombek, H. (1983). Suicidal behavior in adolescence. In H. Golmbek & B. D. Garfinkel (Eds.), The adolescent and mood disturbance. New York: International University Press.

Gibbs, Jewelle Taylor (1981). Depression and suicidal behavior among delinquent females. Journal of Youth and Adolescence, 10 (2), 159-167.

Gispert, M., Wheeler, K., Marsh, L., & Davis, M. S. (1985). Suicidal adolescents: Factors in evaluation. Adolescence, 20 (80), 753-762.

Gould, M. S., & Shaffer, D. (1975) The impact of suicide in television movies. Evidence of imitation. New England Journal of Medicine, 315, 690-694.

Greuling, J. W., & DeBlassie, R. R. (1980). Adolescent suicide. Adolescence, 15, 589-601.

Hals, E. (1985). Suicide prevention. Health Education, 45-47.

Hawton, K. (1986). Suicide and attempted suicide among children and adolescents. Beverly Hills, CA: Sage.

Heillig, R. J. (1983). Adolescent suicidal behavior: A family systems model. Ann Arbor, MI: UMI Research Press.

Ladame, Francois., & Jeanneret, Olivier. (1982). Suicide in
adolescence: Some comments on epidemiology and prevention.
Journal of Adolescence, 5, 355-366.

Landau-Stanton, Judith & Stanton, M. Duncan (1985). Treating
suicidal adolescents and their families. In M. P. Mirkin & S. L.
Koman (Eds.), Handbook of adolescents and family therapy (pp.
309-328). New York: Gardner Press.

Lester, David (1987). A subcultural theory of teenage suicide.
Adolescence, 22 (86), 317-320.

Marks, P. A., & Haller, D. L. (1977). Now I lay me down for keeps:
A study of adolescent suicide attempts. Journal of Clinical
Psychology, 33 (2), 390-400.

McBrien, Robert. J. (1983). Are you thinking of killing yourself?
Confronting students' suicidal thoughts. The School Counselor,
31 (1), 75-82.

McCants, G. (1985). Suicide among the gifted. Gifted/Creative/
Talented, 38, 27-29.

McKenry, Patrick C., Tishler, C. L., & Christman, Karen L. (1980).
Adolescent suicide and the classroom teacher. Journal of
School Health, 50, 130-132.

McKenry, Patrick C., Tishler, Carl L., & Kelly, Colleen. (1982).
Adolescent suicide: A comparison of attempters and
nonattempters in an emergency room population. Clinical
Pediatrics, 21, 266-270.

Miller, J. P. (1975). Suicide and adolescence. Journal of Youth and Adolescence, 10, 11-12.

Miller, Michael L., Chiles, John A., & Barnes, Valerie E. (1982). Suicide attempters within a delinquent population. Journal of Consulting and Clinical Psychology, 50 (4), 491-498.

Molin, Ronald S. (1986). Covert suicide and families of adolescents. Adolescence, 21 (81), 77-184.

Phillips, David P., & Carstensen, Lundie L. (1986). Clustering of teenage suicides after television news stories about suicide. New England Journal of Medicine, 315, 685-689.

Phillips, David P., & Paight, Daniel J. (1987). The impact of televised movies about suicide: A replicative study. New England Journal of Medicine, 317 (13), 809-811.

Praeger, Susan G., & Bernhardt, G. R. (1985). Survivors of suicide: A community in need. Family and Community Health, 8 (3), 62-72.

Richman, J. (1979). The family therapy of attempted suicide. Family Process, 18, 131-142.

Rook, K. S. (1984). Promoting social bonding: Strategies for helping the lonley and socially isolated. American Psychologist, 39, 1389-1407.

Rosenkranz, Arthur L. (1978). A note on adolescent suicide: Incidence, dynamics and some suggestions for treatment. Adolescence, 13 (50), 209-214.

Salk, Lee, Lipsitt, Lewis P., Sturner, William Q., Reilly, B. M., & Levat, Robin H. (1985). Relationship of maternal and perinatal conditions to eventual adolescent suicide. The Lancet, --, 624-627.

Shaffer, D. (1974). Suicide in childhood and early adolescence. Journal of child Psychology and Psychiatry, 15, 275-291.

Shafii, Mohammad, Carrigan, Shahin, Whittinghill, J. Russell, & Derrick, Ann (1985). Psychological autopsy of completed suicide in children and adolescents. American Journal of Psychiatry, 142 (9), 1061-1064.

Shaughnessy, Michael F., & Nystul, Michael S. (1985). Preventing the greatest loss--Suicide. Creative Child and Adult Quarterly, 10 (3), 164-169.

Shulman, Shmuel & Margalit, Malka (1985). Suicidal behavior at school: A systemic perspective. Journal of Adolescence, 8, 263-269.

Smith, Elsie J. (1981). Adolescent suicide: A growing problem for the school and family. Urban Education, 16 (3), 279-296.

Stephens, B. J. (1985/86). Suicidal women and their relationships with their parents. Omega, 16 (4), 289-299.

Strother, Deborah Burnett (1986). Practical applications of research: Suicide among the young. Phi Delta Kappan, 756-759.

Teicher, J. D., & Jacobs, J. (1966). Adolescents who attempt suicide: Preliminary findings. American Journal of Psychiatry, 122, 1248-1257.

Thurman, Pam Jumper., Martin, Don., & Martin, Maggie. (1985). An assessment of attempted suicides among adolescent Cherokee Indians. Journal of Multicultural Counseling and Development, 13 (4), 176-182.

Tishler, Carl L., & McKenry, Patrick C. (1982). Parental negative self and adolescent suicide attempts. Journal of the Academy of Child Psychiatry, 21, 404-408.

Tishler, Carl L., McKenry, Patrick C., & Morgan, Karen Christman (1981). Adolescent suicide attempts: Some significant factors. Suicide and Life-Threatening Behavior, 11 (2), 86-92.

Triolo, Santo J., McKenry, Patrick C., Tishler, Carl L.; & Blyth, Dale A. (1984). Social and psychological discriminants of adolescent suicide: Age and sex differences. Journal of Early Adolescence, 4 (3), 239-251.

Walker, Betty A. & Mehr, Marilyn (1983). Adolescent suicide--A family crisis: A model for effective intervetion by family therapists. Adolescence, 18 (70), 285-292.

Williams, Christopher, & Lyons, Christina M. (1976). Family interaction and adolescent suicidal behavior: A preliminary investigation. Australian and New Zealand Journal of Psychiatry, 10, 243-252.